



**COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR**

KENNETH HAHN HALL OF ADMINISTRATION
500 WEST TEMPLE STREET, ROOM 437
LOS ANGELES, CALIFORNIA 90012



MARK J. SALADINO
TREASURER AND TAX COLLECTOR

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February 10, 2009

The Honorable Board of Supervisors
County of Los Angeles
383 Kenneth Hahn Hall of Administration
500 West Temple Street
Los Angeles, CA 90012

Dear Supervisors:

**DEPARTMENT OF TREASURER AND TAX COLLECTOR:
REQUEST TO ACCEPT COMPROMISE OFFER OF SETTLEMENT
(ALL DISTRICTS AFFECTED)
(3 VOTES)**

SUBJECT

Individuals who were injured in a third party compensatory accident received medical care at a County facility. The Treasurer and Tax Collector entered into negotiations with the liable parties and reached a settlement agreement.

IT IS RECOMMENDED THAT YOUR BOARD:

Pursuant to Section 1473 of the Health and Safety Code, authorize acceptance of the compromise offers of settlement from the following individuals who were injured in a third party compensatory accident and who received medical care at a County facility:

1. Account Number 11366190 in amount of \$52,857.62
2. Account Number 11420630 in amount of \$4,106.00
3. Account Number 11127358 in amount of \$1,046.65
4. Account Number 11001983 in amount of \$2,400.00
5. Account Number 10940292 in amount of \$4,233.82
6. Account Number 11402078 in amount of \$5,395.00

PURPOSE /JUSTIFICATION OF RECOMMENDED ACTION

The best interest of the County would be served by the approval of this recommendation and the County Counsel concurs. The compromise offers of settlement are recommended because the patients, estates, or legally responsible relatives are unable to pay the charges.

IMPLEMENTATION OF STRATEGIC PLAN GOALS

This action is consistent with the Countywide Strategic Plan Goal of Fiscal Responsibility in pursuing collection of charges owed for County services.

FISCAL IMPACT/FINANCING

The County will recover partial payment from a third party against debts, otherwise uncollectible due to the limited financial resources of the individuals who received the medical care.

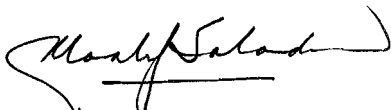
FACTS AND PROVISIONS/LEGAL REQUIREMENTS

Not Applicable

IMPACT ON CURRENT SERVICES (OR PROJECTS)

No Impact

Respectfully submitted,



MARK J. SALADINO
Treasurer and Tax Collector

MJS:RC:ts
X:COMP.101

Attachments (6)

c: Chief Executive Officer
Auditor-Controller
County Counsel

APPROVED
RAYMOND G. FORTNER, JR.
County Counsel

by 
Deputy County Counsel

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR

TRANSMITTAL NO. 101A

Amount of Aid	\$414,428.00	Account Number	11366190
Amount Paid	0.00	Name	Adult Male
Balance Due	414,428.00	Service Date	10/19/06 thru 03/05/07
Compromise Amount Offered	52,857.62	Facility	LAC USC Medical Center
Amount to be Written Off	\$361,570.38	Service Type	Inpatient/Outpatient

JUSTIFICATION

The client was involved in an automobile accident. He was treated at LAC USC Medical Center at a cost of \$414,428.00. There was no Medi-Cal or private insurance involvement.

The attorney has settled the case for the amount of \$200,000.00 and proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	\$ 61,270.76	\$ 61,270.76	30.63%
Attorney Cost	32,249.52	16,187.72	8.10%
Veterans Administration	3,443.13	441.15	0.22%
Encino-Tarzana Medical Center	10,290.11	1,311.19	0.66%
State Farm Insurance	25,000.00	3,186.08	1.59%
H. Ronald Fisk, M.D.	18,425.00	2,352.80	1.18%
Lester Zackler, M.D.	2,500.00	318.61	0.16%
George Henry, M.D.	6,280.00	803.31	0.40%
County of Los Angeles	414,428.00	52,857.62	26.43%
Net to Client	N/A	61,270.76	30.63%
Total	\$573,886.52	\$200,000.00	100.00%

Our financial investigation reveals that the client is disabled, and supports himself and with a marginal income received from Social Security benefits. He has no other source of income or tangible assets.

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR

TRANSMITTAL NO. 101B

Amount of Aid	\$18,446.00	Account Number	11420630
Amount Paid	0.00	Name	Adult Male
Balance Due	18,446.00	Service Date	04/02/07 thru 04/11/07
Compromise Amount Offered	4,106.00	Facility	LAC USC Medical Center
Amount to be Written Off	\$14,340.00	Service Type	Inpatient/Outpatient

JUSTIFICATION

The client was involved in an automobile versus automobile accident. He was treated at LAC USC Medical Center at a cost of \$18,446.00. There was no Medi-Cal or private insurance involvement.

The attorney has settled the case for the amount of \$15,000.00 and proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	\$ 5,000.00	\$5,000.00	33.33%
Albert Ho, M.D., D.C.	965.00	215.00	1.43%
Michael Fu, M.D., D.C.	3,050.00	679.00	4.53%
County of Los Angeles	18,446.00	4,106.00	27.37%
Net to Client	N/A	5,000.00	33.34%
Total	\$27,461.00	\$15,000.00	100.00%

Our financial investigation reveals that the client is unemployed and receives support from family members. He has no other source of income or tangible assets.

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
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TRANSMITTAL NO. 101C

Amount of Aid	\$58,738.00	Account Number	11127358
Amount Paid	4,000.00	Name	Adult Male
Balance Due	54,738.00	Service Date	01/25/05 thru 04/20/05
Compromise Amount Offered	1,046.65	Facility	LAC USC Medical Center
Amount to be Written Off	\$53,691.35	Service Type	Inpatient/Outpatient

JUSTIFICATION

The client was involved in an automobile versus bicycle accident. He was treated at LAC USC Medical Center at a cost of \$58,738.00. Medi-Cal paid a portion of the charges.

The attorney has settled the case for the amount of \$40,000.00 and proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	\$13,200.00	\$13,200.00	33.00%
Attorney Cost	1,210.33	1,210.33	3.03%
Department of Health Services	16,678.22	11,883.24	29.71%
County of Los Angeles	54,738.00	1,046.65	2.61%
Net to Client	N/A	12,659.78	31.65%
Total	\$85,826.55	\$40,000.00	100.00%

Our financial investigation reveals that the client is employed and earns a marginal income. He has no other source of income or tangible assets.

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
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TRANSMITTAL NO. 101D

Amount of Aid	\$38,486.00	Account Number	11001983
Amount Paid	0.00	Name	Adult Male
Balance Due	38,486.00	Service Date	12/05/04 thru 12/08/04
Compromise Amount Offered	2,400.00	Facility	LAC USC Medical Center
Amount to be Written Off	\$36,086.00	Service Type	Inpatient/Outpatient

JUSTIFICATION

The client was involved in an automobile versus bicycle accident. He was treated at LAC USC Medical Center at a cost of \$38,486.00. There was no Medi-Cal or private insurance involvement.

The attorney has settled the case for the amount of \$6,000.00 and proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	\$ 2,400.00	\$2,400.00	40.00%
Attorney Cost	5,449.59	1,200.00	20.00%
Isaac Regev, M.D.	1,450.00	N/A	0.00%
Advanced Radiology	2,953.00	N/A	0.00%
City of Glendale	1,053.40	N/A	0.00%
Pacific Chiro-Rehab Clinic	2,730.00	N/A	0.00%
County of Los Angeles	38,486.00	2,400.00	40.00%
Total	\$54,521.99	\$6,000.00	100.00%

Our financial investigation reveals that the client is unemployed and receives support from family members. He has no other source of income or tangible assets.

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
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TRANSMITTAL NO. 101E

Amount of Aid	\$218,881.00	Account Number	10940292
Amount Paid	1,566.00	Name	Adult Female
Balance Due	217,315.00	Service Date	11/21/04 thru 02/25/05
Compromise Amount Offered	4,233.82	Facility	Harbor UCLA Medical Center
Amount to be Written Off	\$213,081.18	Service Type	Inpatient/Outpatient

JUSTIFICATION

The client was involved in an automobile versus pedestrian accident. She was treated at Harbor UCLA Medical Center at a cost of \$218,881.00. There was no Medi-Cal or private insurance involvement.

The attorney has settled the case for the amount of \$15,000.00 and proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	\$ 6,000.00	\$ 6,000.00	40.00%
Attorney Cost	2,298.54	2,298.54	15.32%
County of Los Angeles	217,315.00	4,233.82	28.23%
Net to Client	N/A	2,467.64	16.45%
Total	\$225,613.54	\$15,000.00	100.00%

Our financial investigation reveals that the client is employed and earns a marginal income. She has no other source of income or tangible assets.

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR

TRANSMITTAL NO. 101F

Amount of Aid	\$28,438.00	Account Number	11402078
Amount Paid	0.00	Name	Adult Female
Balance Due	28,438.00	Service Date	07/29/06 thru 09/15/06
Compromise Amount Offered	5,395.00	Facility	LAC USC Medical Center
Amount to be Written Off	\$23,043.00	Service Type	Inpatient/Outpatient

JUSTIFICATION

The client was involved in a slip and fall accident. She was treated at LAC USC Medical Center at a cost of \$28,438.00. There was no Medi-Cal or private insurance involvement.

The attorney has settled the case for the amount of \$22,892.00 and proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	\$ 7,262.04	\$ 7,262.04	31.72%
Attorney Cost	1,105.88	1,105.88	4.83%
Bridgette Rozenberg, D.C.	4,294.00	2,000.00	8.74%
Aaron Coppelson, M.D.	2,565.00	1,000.00	4.37%
Jacob Tauber, M.D.	2,990.00	1,500.00	6.55%
County of Los Angeles	28,438.00	5,395.00	23.57%
Net to Client	N/A	4,629.08	20.22%
Total	\$46,654.92	\$22,892.00	100.00%

Our financial investigation reveals that the client supports herself with a marginal income. She has no other source of income or tangible assets.